

Health Department, City of Baltimore.

Permit No. A 1350

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Luka

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 3 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, XXX

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 519 N Madria Alley

Cause of Death, { First (Primary), Eclampsia }
{ Second (Immediate), _____ }

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 16, 1887

Undertaker, Frank Beach

Place of Business, 827 N Durham St Address, 1701 E Baltimore

James E Dvinelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1357 Office of Registrar of Vital Statistics.

Ward 14^r

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, Jane Mercer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.}

120 S. Calhoun St

Cause of Death, {First (Primary),

Softening of Brain

Second (Immediate),

Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 17th 1887

Undertaker, A. Lubis Schaefer

Dr. J. H. Hill's

M. D.

Medical Attendant.

Place of Business, 316 N. Federal

Address, 735 N. Lombard

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1352 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie H. Hoofwood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } # 805 Townsend St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 17th 1887

{ Undertaker, M. Cadogan } John S. Kueck M. D.

{ Place of Business, 227 Mulberry St. } Address, Orville Ave & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1353 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie McEvoy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 10 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 719. Harlem Ave

Cause of Death, { First (Primary), Second (Immediate). } Cholera Infantum
with Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 16th 87

Undertaker, J. J. Cadogan And J. McPherson M. D.

Place of Business, 227 Mulberry St Address, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1357 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw Dutrich

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 12 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Ball mdr

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lifetime

Duration of Residence in the City of Baltimore, 1833 W Fouburner st

Place of Death, { Give Street and Number. } Chronic Nephritis

Cause of Death, { First (Primary), Second (Immediate), } Uremia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 18th 1887

Undertaker, John P. Pauler Medical Attendant, James Booley M. D.

Place of Business, 2009 Fred. Ave. Address, 1701 N. Hallin st

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1353** Office of Registrar of Vital Statistics.

Ward **6ⁿ**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15-15-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hansim Dange

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, 3 Months, 20 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Norman

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give Street and Number. } 1705 Jefferson St.

Cause of Death, { First (Primary), Second (Immediate), } Ac. Phthisis
Aphonia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18th 1887

{ Undertaker, Geo Schilling } C. D. Britton M. D. Medical Attendant.

{ Place of Business, Maryland } Address, 124 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1316 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia C Mcgrain

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give Street and Number. } 1572 Ritter

Cause of Death, { First (Primary), Second (Immediate), } Malaria Fever

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Govanus tomb

Date of Burial, July 18 1887

{ Undertaker, Chas. A Raymond } S H Hutton M. D. Medical Attendant.

{ Place of Business, 334 W. Charles St } Address, 602 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1357 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 16 " 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kane

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 57 Years, _____ Months, _____ Days.

Color, ✓

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 29 E. Fort St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18, 1887

Undertaker, Bernard Harle

Place of Business, 15 West St.

O. A. Cooke M. D.

Medical Attendant.

Address, 154 Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 1358 Office of Registrar of Vital Statistics.

Ward 7

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CERTIFICATE OF DEATH.

Date of Death, Friday July 15th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. O. Macarty

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 820 N. Wolfe St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Transition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17. 187.

{ Undertaker, Frank Coach. } Ed Miller M. D.

{ Place of Business, 827 N. Lushington } Address, Cord Park Ave & Mulberry

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[OVER.]

No. 1359

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1359

Office of Registrar of Vital Statistics.

Ward

13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 15th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr. H. Coxon

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

53

Years,

Months,

Days.

Color,

Colored

~~Married, Single, Widowed~~

~~or~~

Widower, { Cross out the words not required in this line. }

Occupation,

Drayman

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Montgomery Co. Md.

Duration of Residence in the City of Baltimore,

About 25 years.

Place of Death,

{ Give Street and Number. }

859 Boyd St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Consumption

Duration of Last Sickness,

7 Months

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

July 17th 1887

{ Undertaker,

Alex. Hemslar

H. H. Weber

M. D.

Medical Attendant.

{ Place of Business,

56 W. Lombard St.

Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]